

State of Tennessee

ABC Presentation 2023 Benefits

Lindsay Neves
Gwen Wills
Kurt Neuenfeld

September 27, 2022



Pharmacy benefits comparison for State and Higher Education

Healthcare option	Member costs					
	Premier PPO		Standard PPO		CDHP / HSA	
Covered services	In-network ¹	Out-of-network ¹	In-network ¹	Out-of-network ¹	In-network ¹	Out-of-network ¹
30-Day supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	Copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	Copay plus amount exceeding MAC	20%	40% plus amount exceeding MAC
90-Day supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A - no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A - no network	20%	N/A - no network
Maintenance Medications (90-day supply of certain medications from 90-day network pharmacy or mail order) [3]	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	10% without first having to meet deductible	N/A - no network
Specialty Medication Tier 1 (generics, 30-day supply from a specialty network pharmacy)	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	20%	N/A - no network
Specialty Medication Tier 2 (all brands, 30-day supply from a specialty network pharmacy)	30%; min \$200; max \$400	N/A - no network	30%; min \$200; max \$400	N/A - no network	20%	N/A - no network

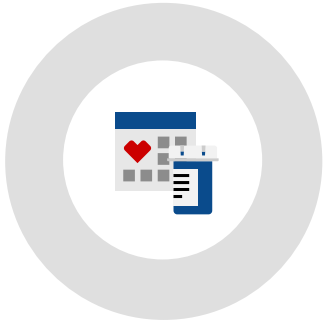
PPO services in this table ARE NOT subject to a deductible. CDHP/HSA services in this table ARE subject to a deductible with the exception of in-network preventative care and 90-day supply maintenance medications. In the table, \$=your copayment amount, %=your coinsurance; and 100%covered or no charge = you pay \$0 in-network. 1. Subject to maximum allowable charge (MAC). The MAC is the most a plan will pay for a covered service. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge. 3. For PPOs, applies to certain antihypertensives for coronary artery disease (CAD) and congestive heart failure (CHF); oral diabetic medications, insulin and diabetic supplies; statins; medications for asthma, COPD (emphysema and chronic bronchitis), depression and osteoporosis medications. For CDHP, applies to medications listed on the HDHP/HSA Preventive medication list located at info.Caremark.com/stateoftn

Pharmacy benefits comparison for Local Education and Local Government

Healthcare option	Member costs							
	Premier PPO		Standard PPO		Limited PPO		Local CDHP / HSA	
Covered services	In-network ¹	Out-of-network ¹	In-network ¹	Out-of-network ¹	In-network ¹	Out-of-network ¹	In-network ¹	Out-of-network ¹
30-Day supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	Copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	Copay plus amount exceeding MAC	\$14 generic; \$60 preferred brand; \$110 non-preferred	Copay plus amount exceeding MAC	30%	50% plus amount exceeding MAC
90-Day supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A – no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A – no network	\$28 generic; \$120 preferred brand; \$220 non-preferred	N/A – no network	30%	N/A – no network
Maintenance Medications (90-day supply of certain medications from 90-day network pharmacy or mail order) ³	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A – no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A – no network	\$14 generic; \$60 preferred brand; \$200 non-preferred	N/A – no network	20% without first having to meet deductible	N/A – no network
Specialty Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy)	20%; min \$100; max \$200	N/A – no network	20%; min \$100; max \$200	N/A – no network	20%; min \$100; max \$200	N/A – no network	30%	N/A – no network
Specialty Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy)	30%; min \$200; max \$400	N/A – no network	30%; min \$200; ax \$400	N/A – no network	30%; min \$200; max \$400	N/A – no network	30%	N/A – no network

PPO services in this table ARE NOT subject to a deductible. CDHP/HSA services in this table ARE subject to a deductible with the exception of in-network preventative care and 90-day supply maintenance medications. In the table, \$=your copayment amount, %=your coinsurance; and 100%covered or no charge = you pay \$0 in-network. 1. Subject to maximum allowable charge (MAC). The MAC is the most a plan will pay for a covered service. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge. 3. For PPOs, applies to certain antihypertensives for coronary artery disease (CAD) and congestive heart failure (CHF); oral diabetic medications, insulin and diabetic supplies; statins; medications for asthma, COPD (emphysema and chronic bronchitis), depression and osteoporosis medications. For CDHP, applies to medications listed on the HDHP/HSA Preventive medication list located at info.Caremark.com/stateoftn

Maintenance medications



Allows members to fill a 90-day supply of certain medications either at a participating Retail-90 pharmacy or through CVS Caremark Mail Service

for a lower copayment (if enrolled in one of the PPOs) or coinsurance (if enrolled in the CDHP or Local CDHP)

If enrolled in the CDHP or Local CDHP, the member's drug cost bypasses their deductible (saving the member money)

For the PPO plans, drug classes include:

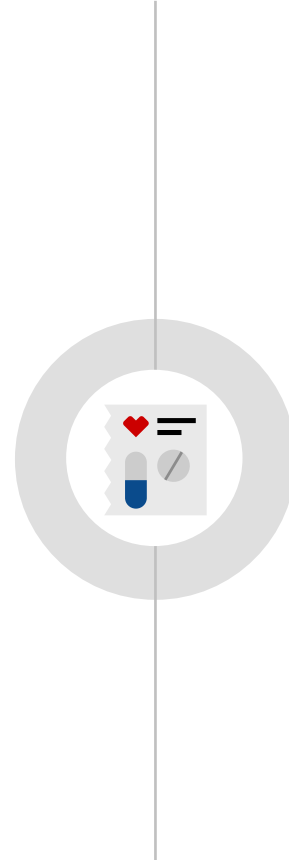
- High blood pressure
- Asthma/COPD
- Congestive heart failure
- Coronary artery disease
- Diabetes (oral meds, insulins, other injectables, and testing supplies)
- Depression
- Statins
- Some osteoporosis medications
- Does not include any specialty medications

For the CDHP and Local CDHP, the HDHP/HSA Preventive Drug List posted on the splash page contains all the maintenance medications that will apply. This list will be posted on the splash page toward the end of 2022.

A list of participating Retail-90 pharmacies can be found on the splash page in the Network lists box

Info.Caremark.com/stateoftn

Vitamin and Supplement per claim maximum



Plan limits

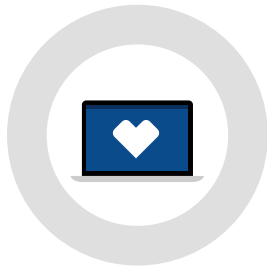
The plan will pay up to a maximum cost of \$300 for a 30-day supply or \$900 for a 90-day for multivitamins, nutritional supplements, prenatal and pediatric vitamins.

Claims can be reviewed by a clinical for potential override.

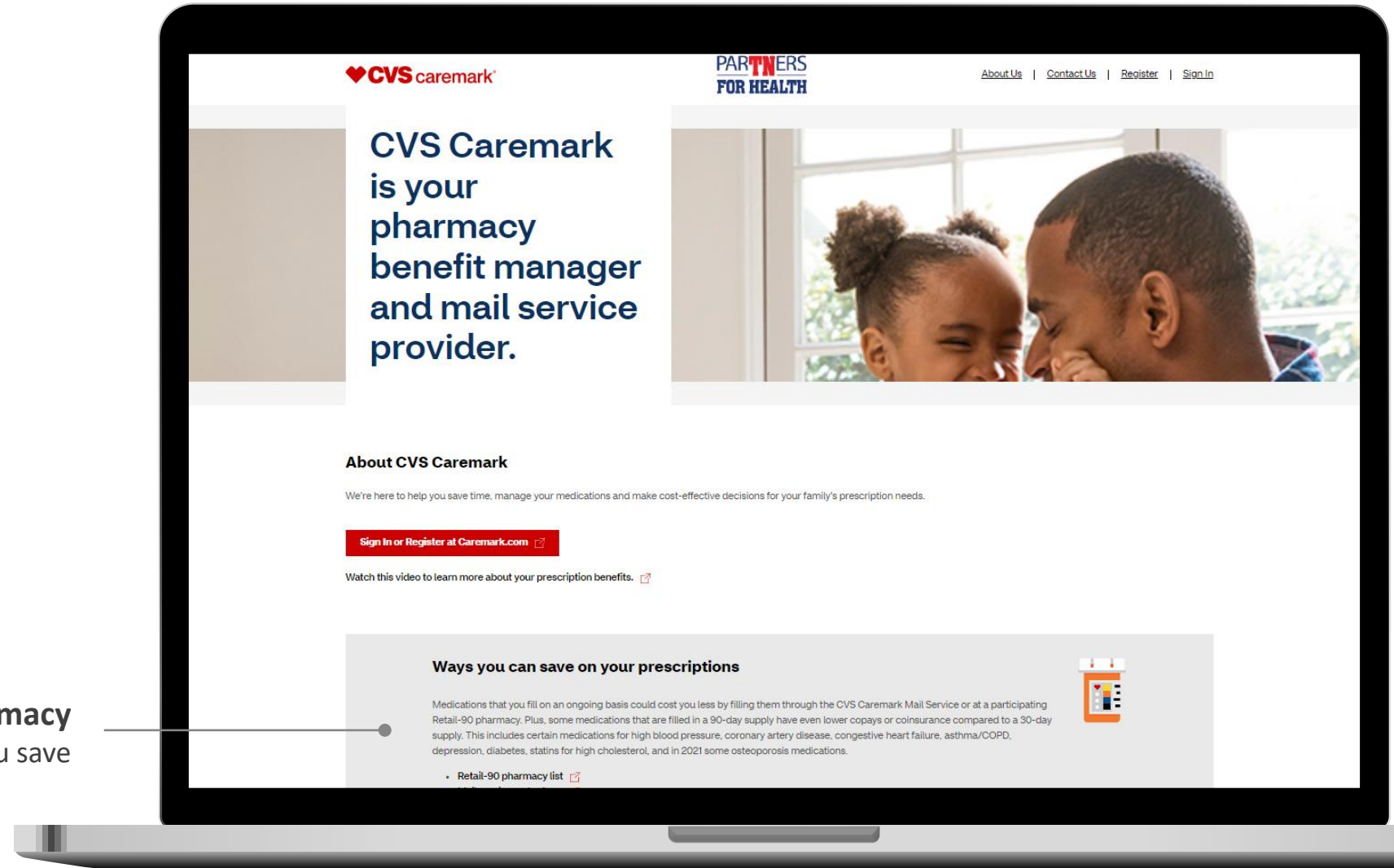
Affected members will receive a notification letter from CVS Caremark in November.

CVS Caremark splash page for ParTNers for Health plan members

info.caremark.com/stateoftn



Find a Retail-90 pharmacy to help you save



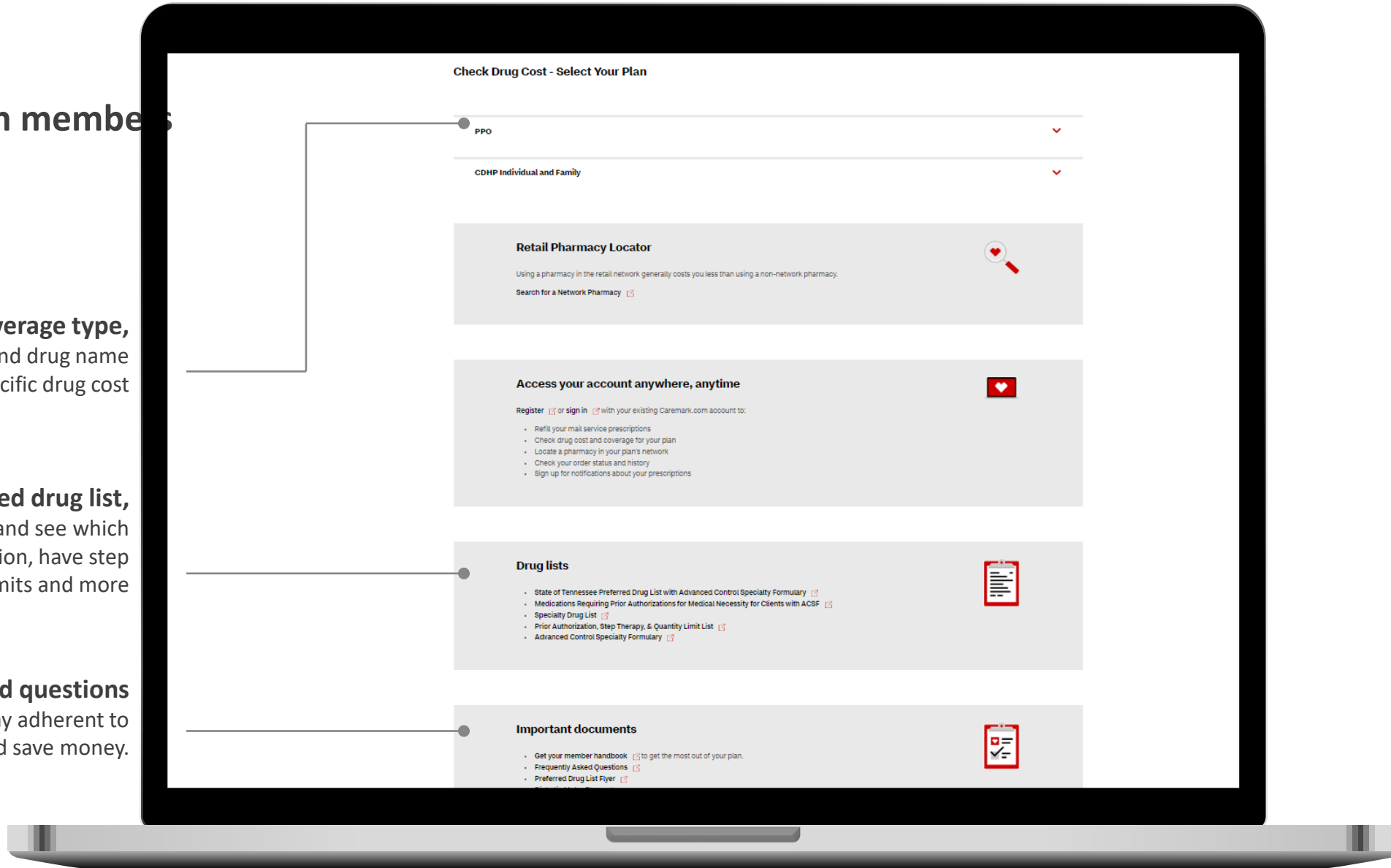
CVS Caremark splash page for ParTNers for Health plan members

info.caremark.com/stateoftn

Click on your plan and coverage type,
then enter your zip code, pharmacy name, and drug name
for your plan-specific drug cost

Review your plan's preferred drug list,
a list of covered specialty medications, and see which
medications require prior authorization, have step
therapy, or quantity limits and more

Review frequently asked questions
and other flyers to help you find ways to stay adherent to
your medications and save money.



Retail 90

Encourage members to use the Retail 90 Network for all long-term medications (doesn't have to be classified as maintenance)

Utilizing the Retail 90 Network can save both the member and the plan financially

Not all pharmacies in the Retail 30 pharmacies are included in the Retail 90 Network

To find a participating pharmacy near you visit: <https://info.caremark.com/stateoftn>

Check Drug Cost - Select Your Plan

PPO



CDHP Individual and Family



1

Retail Pharmacy Locator



Using a pharmacy in the retail network generally costs you less than using a non-network pharmacy.

[Search for a Network Pharmacy](#)

Access your account anywhere, anytime



[Register](#) or [sign in](#) with your existing Caremark.com account to:

- Refill your mail service prescriptions
- Check drug cost and coverage for your plan
- Locate a pharmacy in your plan's network
- Check your order status and history
- Sign up for notifications about your prescriptions

Drug lists

- [State of Tennessee Preferred Drug List with Advanced Control Specialty Formulary](#)



Retail 90

2

Enter ZIP, or City & State, or County & State **Distance (optional)**

Ex.: 60015, or Chicago, IL or Cook County, IL 10 miles

3

Filter Results By (Optional):

24-hour service Drive-thru service

Pharmacy Name

Ex: CVS pharmacy, Walmart

4

Advanced Options ^

Pharmacy Services

On-site medical clinic Open 7 days a week Flu shots

Prescription delivery Blood-pressure screenings Compound medications

Durable medical equipment ?

5

Plan-specific programs

Retail 90 ? Vaccine network ?

Language Spoken **Pharmacy Type**

English Select

Welcome letters and ID cards

Welcome kits and ID cards will **only be sent to:**

- members new-to-coverage effective January 1, 2023

OR

- to members who changes from one health plan to another during the Annual Enrollment period.





Questions?



Legal disclaimers

The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted.

All data sharing complies with applicable law, our information firewall and any applicable contractual limitations.

Adherence and health outcome results, savings projections **and performance ratings** are based on CVS Caremark data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. Client-specific modeling available upon request.

The Maintenance Choice program is available to self-funded employer clients that are subject to ERISA. Non-ERISA plans such as fully insured health plans, plans for city, state or government employees and church plans need CVS Caremark legal approval prior to adopting the Maintenance Choice program. Prices may vary between mail service and CVS Pharmacy due to dispensing factors, such as applicable local or use taxes.

Specialty Expedite is available exclusively for providers who use compatible electronic health record (EHR) systems that participate in the Carequality Interoperability Framework.

Specialty delivery options are available where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

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